

**POWER OF ATTORNEY  
and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

Application Number	10/603,583
Filing Date	06/25/2003
First Named Inventor	Jonathan P. McIntosh
Title	Enabling Both Hearing and Hearing-Impaired Callers
Art Unit	2643
Examiner Name	Not Known
Attorney Docket Number	PAT-041

I hereby appoint:

Practitioners at Customer Number:

29129

OR

Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

The above-mentioned Customer Number:

OR

The address associated with Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Rocco L. Adornato c/o West Corporation			
Address	11808 Miracle Hills Drive			
Address				
City	Omaha	State	Nebraska	Zip
Country	United States			
Telephone	888-575-6335	Fax	402-963-1211	

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

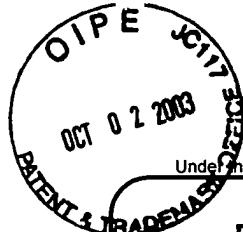
**SIGNATURE of Applicant or Assignee of Record**

Name	Jonathan P. McIntosh		
Signature			
Date	9/26/03	Telephone	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

\*Total of \_\_\_\_\_ forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.



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## SIGNATURE of Applicant or Assignee of Record

Name	Craig A. Webster		
Signature	<i>Craig A. Webster</i>		
Date	9/26/03	Telephone	402-716-0396

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<input type="checkbox"/>	*Total of _____ forms are submitted.
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**SIGNATURE of Applicant or Assignee of Record**

Name	David W. Weare
Signature	<i>David W. Weare</i>
Date	9/25/2003
Telephone	

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